

APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE DEPARTMENT OF ARCHIVES AND HISTORY RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76—RM—1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

Attention: Scheduling Section.										
FOR AGENCY USE	1. Agency Address	FOR RECORDS MANAGEMENT USE								
Application Date	Department of Medical Assistance	Application Number								
03-04-80	1010 West Peachtree Street, N. W.	75-86-A								
Application Number	Atlanta, GA 30309	Date Received Date Completed								
		MAR 1 2 1980 MAR 2 1 1980								
2. Person to Contact	Working Title	Telephone Number								
Jim Connolly	Coordinator	894–4331								
3. Action Requested										
a. Establish Retention Schedule; record will continue to accumulate.										
b. Dispose of present accumulation; no further accumulation anticipated.										
c. ☑ Amend Application No. 75-86 Check One: ☑ Change; ☐ Supercede; ☐ Void 4. Dates of Series 5. Records Series Title (followed by title used in office; if different)										
Earliest Latest										
1977 Present	MEDICAID NURSING HOME REIMBURSABLE COST	REPORT FILE								
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?										
The Program Management Division is responsible for determining, through the interpretation										
of Federal and State guidelines, the services needed for formulating, developing, and										
planning the policies that govern the reimbursement for services rendered by Medicaid										
providers. This is accomplished by formulating the enrollment and recipient policy, examining claim inquiries, and coordinating with the provider, associations and										
professional organi:	professional organizations for each of the sixteen (16) program areas within the									
Medicaid Program.										
The Reimhurgamant S	vervices Section is responsible for verifyin	a the required and sufferficie								
of expenditures sub	mitted by Nursing Homes for reimbursement.	g the accuracy and authenticity								
•										
7. Record Series Description	This file contains the following documents (include form nu Attach samples of the file.	mbers and titles, if any):								
	diting annual reimbursable cost reports sub	mitted by Nursing Home								
participants of the	Medicaid Program,									
Included are: but not limited to are: Nursing Home Reimbursable Cost Reports, Cost Report										
	orting Schedules and Documentation, Audit R									
correspondence.										
		and the second second								
File is arranged: Alpha I	by Nursing Home	*								
. no is all alled	-7									
8. Monthly Reference Rate	How often are records referred to which are:									
One to six months old; Seven to twelve months old; Thirteen to twenty-four months old;										
twenty-five months and older										
9. Annual Rate of Accumulatio Letter-size drawers10		Other (mariful								
Locio also digitals	, Siletyes; C	Other (specify)								
AP_50_71: Day 76										

YES	NO	10. Questionnaire	(Place an "X	" in the proper co	lumo)	<u> </u>		
		a. Is this the official copy of the series?						
X	<u> </u>	If not, where is it?						
	x	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.						
	x	c. Is this a vital record?						
Х		d. Does this series have historical or long term research value?						
	x	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these						
	x	documents be scheduled separately? f. Is the information contained in this series ever published? If yes, attach copy.						
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report?						
	X	If yes, attach copy.						
	х	h. Is there a duplication of this series in your office, or in another office or agency?						
	X	i. Is this series for a major portion of it) regularly microfilmed?						
	Х			a computer print				
11.	Retent	tion Requirements	The	e following require	s the series	to be kept:		
	a. Sta	ite Law	3	years.	d.	Audit period	years.	
		tute of limitation		years.		Administrative need		
	c. Fed	deral law	3	years.	f.	Federal retention instructions	5 years.	
	Attach	copy or excerpt of	laws or regulation	ons. Explain admir	iistrative ne	ed.	**	
	Сору	attached - Me	dicaid Stat	e Plan				
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12.	Appro	ved Disposition Inst	ructions Thi	is agency recommo	ends that th	e file series be cut off at the end of each	1:	
			X	Calendar Year;	Fiscal Ye	ar; 🗆 Other	then,	
	பை	old in the current file		manch (a)	1400	(a): thon		
		ansfer to local holdi				(a), their		
		ansfer to State Reco						
		stray.						
		ansfer to State Arch her <i>(Specify)</i>	ives for permane	ent retention.				
		10,000.77						
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	These	instructions apply t	o all prior and f	uture accumulatio	ns of the se	ries.	•••	
A = 0 =	Us	ead/Designee (Signa		Date	Pagazde I	Management Officer (Signature)	Date	
Ager	icy me	ad/Designee (Signa	(Ure)		necords /	(n)		
	\bigcirc	JapM. Ca	uy	3-11-80	Paul	V. Murphy	3-11-80	
					•	tate Records Committee (Signature)	Date	
Reco	ommei	ndations in para-	<u></u>			A .		
grap	h 12 a	re approved.	State Aud	itor/Designee	\	modelmed	3-19-80	
		oved, attach letter	0	KS	0-	made Hair	- 3-18-81	
or ex	kplana	won.,	Secretary of	State/Designee		we you	1 10 00	
			Attorney G	eneral/Designee		Melle	3.19.80	
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